

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	2/5/01
FORMALITY REVIEW	MD	579	02/21/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	0	0	
4	0	0	
5	0	0	
6	0	0	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	0	0	
11	0	0	
12	0	0	
13	0	0	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	0	0	
18	0	0	
19	0	0	
20	0	0	
21	✓	✓	
22	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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